

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

JUNG et al.

Title:

METHOD FOR DETECTING MICROBIAL ANTIBIOTIC RESISTANCE

Appl. No.:

Unknown

Filing Date:

09-29-03

Examiner:

Unknown

Art Unit:

Unknown

UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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[]	Applicant claims small entity status under 37 CFR 1.27.
Enclosed are:	
[X]	Specification, Claim(s), and Abstract (24 pages).
[X]	Informal drawings (5 sheets, Figures 1, 2, 3, 4, 5).
[]	Declaration and Power of Attorney
[]	Assignment of the invention to Eppendorf AG.
[]	Assignment Recordation Cover Sheet.
[]	Small Entity statement.
[]	Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
[]	Information Disclosure Statement.
[]	Form PTO/SB/08 with copies of ??? listed reference(s).
[X]	Application Data Sheet (37 CFR 1.76).
гі	Claim for Convention Priority.

The filing fee is calculated below:

-	Claims as Filed		Included in Basic Fee	;	Extra Claims		Rate		Fee Totals
Basic Fee							\$750.00		\$750.00
Total Claims:	15	-	20	=	0	X	\$18.00	=	\$0.00
Independ ents:	2	-	3		0	x	\$84.00	=	\$0.00
If any Multiple Dependent Claim(s) present:							\$280.00	=	\$280.00
Surcharge under 37 CFR 1.16(e) for late filing + \$130.00 of Executed Declaration							=	\$130.00	
01 2						SU	JBTOTAL:	=	\$1160.00
r 1	Sm	Small Entity Fees Apply (subtract ½ of above):							\$0.00
LJ	TOTAL FILING FEE:							=	\$1,160.00

- A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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